

Indiana

Opioid Addiction Treatment Program Report

2006

**Indiana Family and Social Services Administration
Division of Mental Health and Addiction**

Table of Contents

	Page Number
List of Tables.....	3
Executive Summary.....	4
I. Number of Indiana Opioid Treatment Providers as of December 31, 2006 -----	8
Map Showing Location of Indiana Opioid Treatment Providers -----	9
II. Number of Patients Receiving Opiate Agonist Medication to Treat Opiate Addiction -----	10
III. Length of Time Patients Received Opiate Agonist Medication and Number of Patients Who Have Discontinued Use of the Medication-----	14
IV. Cost of Opiate Addiction Treatment in Indiana -----	17
V. Rehabilitation Rate of Patients Receiving Opiate Agonist Treatment -----	18
VI. Number of Patients Addicted to Methadone -----	20
VII. Number of Individuals on Waiting Lists to Receive Opiate Agonist Medication and Treatment ---	20
VIII. Patient Information as Reported to a Central Registry -----	21

List of Tables

	Page Number
Table 1: Indiana OTP Number of Patients Treated, 1998-2006 -----	10
Table 2: Total Patients Treated by Indiana OTPs, 2006 -----	11
Table 3: Total Indiana OTP Patients Treated by Gender, 1998-2006 -----	11
Table 4: Total Indiana OTP Patients Treated by Age, 1998-2006 -----	12
Table 5: Total Indiana OTP Patients Treated by Race/Ethnicity, 1998-2006 -----	12
Table 6: Total Indiana OTP Patients Treated by State of Residence, 1998-2006 -----	13
Table 7: Total Indiana OTP Patients Treated by State of Residence and OTP, 2006 -----	13
Table 8: Indiana # OTP Enrollments by Seven Length-of-Treatment Categories, by OTP and Statewide Summary, 2006-----	14
Table 9: Indiana Patient Length-of-Treatment in Seven Categories in Percentages by OTP and Statewide Summary, 2006-----	15
Table 10: Indiana OTP Patient Number/Percentages of Patient Continuations in Treatment and Treatment Discontinuations by Six Discontinuation Categories, System as a Whole and by OTP, 2006 -----	16
Table 11: Patient Cost of Treatment Based on Gross OTP Patients and Number of Medication Doses, 2006-----	18
Table 12: Indiana OTP Patient Rehabilitation Indicators, % Patients to Which Indicators Apply, 1998-2006-----	19
Table 13: Indiana OTP Patient Reduction or Improvement on the Nine Rehabilitation Indicators in Numbers and Percentages, 2006-----	20

For more DMHA information, see DMHA's Web Site at: <http://www.in.gov/fssa/dmha/>

Executive Summary

The 1998-2006 Indiana Opioid Treatment Program Reports have been developed to comply with a series of statutory provisions, most recently P.L. 2006-25, Section I, which require that each year, the Indiana Family and Social Services Administration Division of Mental Health and Addiction (DMHA) prepares a report providing information on treatment offered by Indiana opioid treatment programs (OTPs) covering the following areas:

- **The number of methadone* providers in the State**
- **The number of patients on methadone during the previous year**
- **The length of time each patient received methadone and the average length of time all patients received methadone**
- **The cost of each patient's methadone treatment and the average cost of methadone treatment**
- **The rehabilitation rate of patients addicted to methadone**
- **The number of patients who are addicted to methadone**
- **The number of patients who have been rehabilitated and are no longer on methadone**
- **The number of individuals, by geographic area, who are on waiting list to receive methadone**
- **Patient information as reported to a central registry created by the division**

The information provided in this report covers all of these areas. Following is a brief description of information contained in the eight sections of this report and highlights of observations.

- I. Number of Indiana opioid treatment providers as of December 31, 2006.** In Calendar Year (CY) 2006, 12 Opioid Addiction Treatment Programs (OTPs) certified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) Division of Pharmacologic Therapies and the Indiana Family and Social Services Administration Division of Mental Health and Addiction (DMHA), registered by the U.S. Justice Department's Drug Enforcement Administration (DEA) and licensed by the Indiana Professional Licensing Agency's Controlled Substances Advisory Committee were providing services in Indiana. Of these, two OTPs were operated by not-for-profit community mental health centers, and the other ten were operated by private, for-profit companies. Five of the OTPs operated by for-profit companies are operated by one organization, CRC Health Group. Because addiction treatment services programs operated by the federal government are exempt from State certification requirements, data and other information from the Veterans Administration (VA) opioid addiction treatment program located in Indianapolis is not included in this report.
- II. Number of patients receiving opiate agonist medication to treat opiate addiction.** In 2006, all Indiana OTP patients were treated with opiate agonist medications, the large majority treated with methadone. Buprenorphine, another opioid agonist medication, was approved by SAMHSA in May of 2003 to treat opiate addiction, and it is being utilized by some Indiana OTPs. During 2006, 42 Indiana OTP patients were treated with buprenorphine, double the number treated with this newer medication in 2005. In this report, there is no distinction made in the data between patients treated with methadone and those treated with buprenorphine.

An increase of just under eight percent was seen in Indiana OTP patient enrollments between Calendar Year (CY) 2005 and 2006, from 9,874 to 10,663 patients. The 2006 percentage increase is the greatest since 2002, when a 19.4% increase was registered over 2001, and it is the fourth year in a row of single-digit increases after four years of double-digit OTP patient enrollment percentage increases. Between 1998 and 2006, the total number of patients treated has nearly tripled, from 3,654 to 10,663. Indiana OTP patients continue to be predominantly male (60.9%) and white (94.4%), patterns which have been consistent over

*1 For this report, the term opioid addiction treatment program, or OTP, is used since programs are qualified to utilize both methadone and the newer opiate agonist buprenorphine in their treatment of opiate addiction. Since 2006 legislation continued to use the term 'methadone provider', this report uses this term when referring to earlier legislation. Since May 22, 2003, all opioid addiction treatment programs are qualified to use both methadone and buprenorphine in the treatment of opioid addiction, and the terms 'methadone provider' and 'methadone program' are being replaced in new legislation with the terms 'opioid treatment provider/program'.

the nine years of reporting. Age of Indiana OTP patients is reported for the first time this year, and in CY 2006, over half of Indiana OTP patients (54.5%) were between age 18 and 34, with average patient age declining over the past nine years. The percentage of Indiana OTP patients being served in Indiana OTPs continues to decrease slowly, having changed from 62.9% of the total (2,298) in 1998 to 52.4% (5,584 patients) in 2006.

- III. Length of time patients received opiate agonist medication and number of patients who have discontinued use of the medication.** Of the 10,663 patients enrolled/treated in Indiana OTPs in CY 2006, 39.6% had been in treatment less than one year, 57.5% had been in treatment less than two years, 42.5% had been in treatment over two years, and 10.9% in treatment more than six years. Varying length-of-treatment patterns were seen in 2006 in Indiana OTPs, with the following ranges of patient lengths-of-stay-in-treatment:
- Less than 90 days: 8.9 % - 18.7%;
 - 90 days - one year: 17.8% - 28.6%;
 - One to two years: 14.8% - 23.3%;
 - Two to three years: 6.9% - 16.3%;
 - Three to six years: 14.1% - 20.9%;
 - Six to ten years: 3.4% - 10.1%; and
 - Ten years and greater: .41% - 11.5%.

The range of treatment engagement varied among patients who were admitted to methadone clinics. The range of treatment engagement indicates that some patients were in treatment less than 90 days while others were in maintenance ten years or longer. Of all patients enrolled in Indiana OTPs in 2006, during 2006:

- 2.9% (308 patients) successfully completed treatment and left the program on no opiate agonist medication;
- 43.8% (4,666 patients) remained in treatment throughout the year, regardless of when their treatment began;
- 6.8% (726 patients) did not complete treatment and were administratively detoxified before discharge;
- 1.7% (181 patients) did not complete treatment and went through a voluntary detoxification program before discharge;
- 38.3% (4,083 patients) did not complete treatment and dropped out before they were detoxified;
- 5.8% (619 patients) transferred to other OTPs, either within Indiana or in other States; and
- .8% (80 patients) died during the year of non-methadone-related causes.

- IV. Cost of opiate addiction treatment in Indiana.** Besides medication, OTP patient fees include:
- counseling,
 - drug testing,
 - referrals to ancillary services, and
 - other supportive services

In CY 2006, program fees for liquid methadone remained at \$35 to \$45 per week at the two partially publicly funded OTPs and between \$65 and \$84 per week at all but one privately operated OTP. Cost for services at Holliday Health Care in Gary, which served only two patients in CY 2006, is not included in this report. The fee for diskette (pill) medication, used for a small number of patients, ranged between \$78 and \$91 per week. The fee for buprenorphine, not available at all Indiana OTPs, was reported at \$129.50 per week. Based on averages, the 2006 estimated out-of-pocket cost-per-patient-per year were: a) for liquid methadone at a public OTP: \$2,080; b) for liquid methadone at a privately owned OTP: \$3,874; c) for diskette medication: \$4,394; and d) for buprenorphine: \$6,734.

Based on reported gross patient payments at Indiana OTPs, the average patient cost for a year of OTP treatment was \$2,503; the average annual cost at publicly funded OTPs, \$1,134; the average annual cost at

private OTPs, \$2,601; and the average annual patient cost at the five clinics owned by CRC Health Group, \$2,673.

V. Rehabilitation rate of patients receiving opiate agonist treatment. Since the first methadone report was developed for CY 1998 Indiana opioid addiction treatment program activity, nine (9) rehabilitation indicators have been used to evaluate patient response to treatment. The nine indicators are considered to apply or not to apply based on the patient's and clinic staff's identification of the indicator as an issue to address during treatment upon admission and/or during regular treatment plan reviews. Patients are evaluated using four levels of reduction or improvement on each indicator: none, little, moderate and significant. The indicators are as follows:

1. Reduction in use of prescription opiates
2. Reduction in illegal use of non-prescription opiates
3. Reduction in illegal use of drugs other than opiates
4. Reduction of criminal behavior
5. Reduction of risky behavior related to spread of infectious disease
6. Reduction in abuse of alcohol
7. Improvement in schooling or training
8. Improvement in employment
9. Improvement in family relationships

For example, in CY 2006, a range is seen in indicators which apply to enrolled patients from over 95.1% of patients needing to reduce use of heroin to 41.2% needing to reduce alcohol abuse. Significant change was seen in more than 20% of 2006 patients (20.3% to 28.6%) on eight of the nine Rehabilitation Indicators, with only improved education or vocational training falling below this percentage. Combining the categories of Moderate and Significant Change, of 2006 patients, the following percentages of patients showed reduction or improvement in life areas indicating movement toward recovery:

- 62.4% reduced use of prescription opiates;
- 63.7% reduced use of heroin;
- 55.1% reduced illegal use of drugs other than opiates;
- 55.6% reduced criminal behavior;
- 58.3% reduced risky behavior related to spread of infectious disease;
- 47.9% reduced alcohol abuse;
- 17.7% improved education or vocational training;
- 38.1% improved employment status; and
- 48.6% improved family relationships.

VI. Number of patients addicted to methadone. Methadone is a prescribed oral opiate agonist medication used in the treatment of heroin and other opiate addiction since the 1960s. At the clinically optimal dose, methadone eliminates abrupt side effects which would create a need to return to illicit drug use and symptoms associated with opiate addiction, such as euphoria, sedation, mental impairment, or lifestyle changes where individuals are constantly seeking opiates to eliminate craving and withdrawal. Numerous studies have documented its effectiveness in decreasing relapses to illicit drugs and in curtailing the medical, psychiatric and legal consequences of illicit use. Patients in opioid treatment programs are not considered to be addicted when the medication is at the therapeutically appropriate dose, which supports optimal functioning as patients modify unproductive lifestyles to productive lifestyles.

VII. Number of individuals on waiting lists to receive opiate agonist medication and treatment. At the end of 2006 and throughout the nine years reporting has been done, none of the 12 Indiana opioid treatment programs reported to DMHA that they utilized a waiting list. It is understood that during 2006, Indiana OTPs were able to adjust staff and facility needs if increased patient demand occurred. Between 2005 and 2006, a 7.99% increase in total patient enrollments were seen, and this increase was accommodated. Additionally, during 2006, a statutory change opened up a process to allow new OTPs which had community support and which could establish need in the county in

which they sought to locate.

Between 1999 and 2006, the Indiana State Legislature placed a moratorium on establishing new OTPs in counties in which there was an OTP/OTPs or adjacent to counties in which there was an OTP/OTPs. Prior to 1999, when a large enough number of patients were identified to support a new OTP, a new OTP was established.

VIII. Patient information as reported to a central registry. In 1999, the Indiana General Assembly passed a law requiring DMHA to establish a central patient registry to collect de-identified OTP patient information to assure patients did not enroll in more than one OTP at one time. For the 1998 report, a format to collect information from all Indiana OTPs was developed, and the 1998-2005 methadone reports were based on data collected in this way. As the registry was being developed, OTPs used manual means to assure that patients were not enrolling in more than one OTP at a time. In 2006, DMHA completed development of an electronic central patient registry called the Indiana Central Opioid Patient Electronic Registry, (ICOPE). Phased-in implementation of the ICOPE resulted in the development of the 2006 tables on which this report is based.

2006 Indiana Opioid Addiction Treatment Program Report

I. Number of Indiana Opioid Treatment Providers as of December 31, 2006

In CY 2006, there were 12 Opioid Treatment Programs (OTPs) operating in Indiana, all certified by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) Division of Pharmacologic Therapies and the Indiana Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA). The purpose of OTPs is to treat opiate addiction. Patients enrolling for treatment in OTP programs must be assessed by a qualified OTP health care professional, be currently addicted to an opioid drug, and have been addicted to opiates for a minimum of one year before admission. Opiate drugs include not only heroin but additionally synthetic opiate drugs such as oxycodone. An informal survey of OTPs of patients served in 2006 found that 39% were addicted to heroin and 61% to synthetic opiate drugs.

In addition to certifications, all Indiana OTPs are registered to dispense controlled substances by the U.S. Department of Justice Drug Enforcement Administration and licensed by the Indiana Professional Licensing Agency's Controlled Substances Advisory Committee. Both CSAT and DMHA certification require OTPs to have an accreditation by an approved accrediting body, and Indiana OTPs are additionally accredited by either The Joint Commission or CARF, the Commission on Accreditation of Rehabilitation Facilities. Two additional OTPs were approved by State and federal officials in 2007 following a statutory change during the 114th Indiana General Assembly. During the 115th Indiana General Assembly, another statutory change prohibited approval of any additional OTPs through the end of 2008.

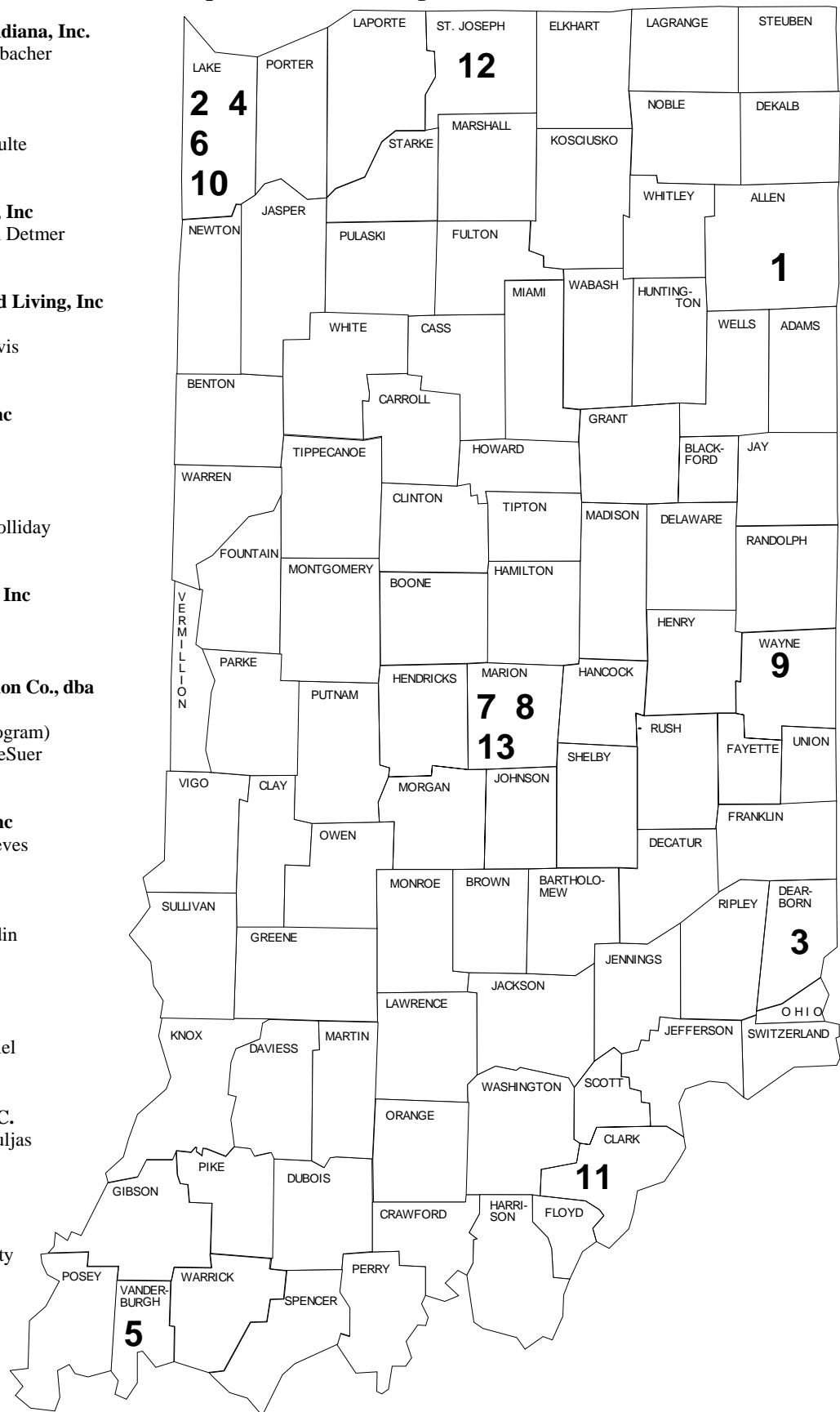
Two of the 12 OTPs operating during 2006 were public, not-for-profit programs: New Life Center operated by Edgewater Systems for Balanced Living, Inc., Gary, and Midtown Narcotic Treatment Program, operated by the Health and Hospital Corporation of Marion County, Indiana, doing business as (dba) Midtown Community Mental Health Center (CMHC), Indianapolis.

The other ten Indiana OTPs operating during 2006 were owned by private, for-profit companies. Five OTPs are owned by CRC Health Group of Cupertino, California: East Indiana Treatment Center, Inc., Lawrenceburg; Evansville Treatment Center, Inc., Evansville; Indianapolis Treatment Center, Inc., Indianapolis; Richmond Treatment Center, Inc., Richmond; and Southern Indiana Treatment Center, Inc., Jeffersonville. The remaining five OTPs operating in Indiana in 2006 were the Center for Behavioral Health Indiana, Inc., Fort Wayne; Discovery House, Inc., Gary; Metro Treatment of Gary, dba Semoran Treatment Center, Gary; Victory Clinical II Services LLC, dba Victory Clinic, South Bend; and Holliday Health Care, PC, Gary.

The Richard L. Roudebush Medical Center, a federal Veterans Administration (VA) facility in Indianapolis, is exempt from State oversight by 42 CFR Part 8, and no information from this program is included in this report. The map on the next page indicates the locations of Indiana opioid addiction treatment programs in 2006.

**INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION
Indiana Opioid Treatment Programs**

1. **Center for Behavioral Health Indiana, Inc.**
Program Director: Ms. Terri Steinbacher
Phone: 260-420-6010
2. **Discovery House, Inc.**
Program Director: Ms. Robin Schulte
Phone: 219-985-8144
3. **East Indiana Treatment Center, Inc**
Program Director: Ms. Mary Ann Detmer
Phone 812-537-1668
4. **Edgewater Systems for Balanced Living, Inc**
(New Life Treatment Center)
Program Director: Ms. Myrtle Davis
Phone: 219-885-4264, Ext. 4215
5. **Evansville Treatment Center, Inc**
Program Director: Mr. Phil Love
Phone: 812-424-0223
6. **Holliday Health Care, P.C.**
Program Director: Mr. Alfonso Holliday
Phone: 219-938-2222
7. **Indianapolis Treatment Center, Inc**
Program Director: Mr. Jim Ward
Phone: 317-475-9066
8. **Health & Hospital Corp. of Marion Co., dba Midtown CMHC**
(Midtown Narcotic Treatment Program)
Program Director: Mr. Kinzua LeSuer
Phone: 317-287-3734
9. **Richmond Treatment Center, Inc**
Program Director: Mr. David Reeves
Phone: 765-962-8843
10. **Metro Treatment of Gary, LP,**
Program Director: Mr. Greg Hardin
Phone: 219-938-4651
11. **Southern Indiana Treatment Center, Inc**
Program Director: Mrs. Vickie Friel
Phone: 812-283-4844, Ext. 220
12. **Victory Clinical Services II, LLC.**
Program Director: Mr. Andres Guljas
Phone: 574-233-1524
13. **Richard L. Roudebush Medical Center***
Program Director: Ms. Cheryl Petty
Phone: 317-988-2744



* This program does not come under DMHA oversight.

II. Number of Patients Receiving Opiate Agonist Medication to Treat Opiate Addiction

All Indiana opioid treatment program (OTP) patients are treated with opiate agonist medications². In 2006, the large majority of patients were treated with methadone, and less than half a percent (42 patients) were treated with buprenorphine, which was approved by SAMHSA to treat opiate addiction in the Spring of 2003. Although methadone can be used to treat opiate addiction only in federally certified OTPs, buprenorphine may be used by private practicing physicians to treat opiate addiction. In Indiana, as of February, 2008, 108 Indiana physicians had obtained the required certification. Use of the opiate agonist LAAM (levo-alpha-acetylmethadol hydrochloride), which had been used to treat small numbers of Indiana OTP patients, was discontinued in 2003 after federal Food and Drug Administration (FDA) warnings of possible potential for cardiac electrical conduction disturbances were reported in Fall, 2001. In this report, there is no distinction made between patients treated with methadone and patients treated with buprenorphine in Indiana OTPs.

Table 1 shows that enrollments³ increased in Indiana opioid addiction treatment programs by 789 patients, or just under eight percent, between 2005 and 2006, from 9,874⁴ patients to 10,663. The total number treated in 2006 is the largest total number treated in Indiana OTPs in a calendar year since the baseline year of 1998, when records began to be maintained. This number also represents the largest percentage increase from one year to the next since 2002, when an increase of over 19% was seen from 2001. Between 1998⁵ and 2006, enrollments in Indiana OTPs have nearly tripled, from 3,654 to 10,663.

Table 1: Indiana OTP Number of Patients Treated, 1998-2006			
Calendar Year	Total # Patients	Increase of patients compared to previous year	
		#	%
1998	3,654	Baseline	Baseline
1999	4,529	875	23.95 %
2000	5,482	953	21.04 %
2001	6,809	1327	24.21 %
2002	8,129	1320	19.39 %
2003	8,682	553	6.80 %
2004	9,293	611	7.04 %
2005	9,874	581	6.25 %
2006	10,663	789	7.99 %

Table 2 shows the number of enrollments in each Indiana OTP during 2006. An enrollment represents an individual patient, and a patient may have been treated in the program anywhere between one day and 365 days during the year. As can be seen, the East Indiana Treatment Center in Lawrenceburg treated the most OTP patients again in 2006, 3,134, or nearly 30% of the total. The OTP treating the least patients during 2006, as in previous years, was Holliday Health Care in Gary, which served two patients. Second in smallest number of patients treated in 2006 was Victory Clinical Services II in South Bend, at 157. The ten privately owned OTPs enrolled 93.3% of total Indiana OTP patients in 2006, or 9,948 patients, compared to 8,559 patients, or 92.8% of total patients in 2005. Between 2002 and 2006, the percentage of Indiana OTP patients enrolled in privately owned Indiana OTPs increased from 81.9% to 93.3%.

CRC Health Group owns five Indiana OTPs, and combined, CRC programs served just over 80.3% of Indiana OTP patients during 2006, up from 78.8% in 2005. In 2005, CRC experienced its first decrease in total percent of Indiana OTP patients after a steady increase between 1998 and 2004 from 67.6% to 84.3%. The two partially publicly funded OTPs, Midtown Narcotic Treatment Program in Indianapolis and Edgewater Systems for Balanced Living's New

² Approved opiate agonist medications include both methadone and buprenorphine. As of the writing of this report, ten Indiana OTPs offer buprenorphine as an option to methadone.

³ Patient enrollments equal number of patients treated during the calendar year. Enrollments are calculated annually for the previous calendar year on December 31, and patients may have been in treatment for anywhere between one and 365 days during the year.

⁴ As a result of increasing data scrutiny allowed by a data cleaning process to prepare for implementation of the new electronic ICOPE registry, data errors entered between 1998 and 2005 are being revealed; consequently, total numbers of patients treated as reported 1998-2005 have changed slightly in this year's report. For example, 2005 enrollments declined by .08%, and 1998 enrollments decreased by 1.35%.

⁵ The first Indiana Opioid Treatment Program Report pertained to 1998 OTP activity.

Life Center in Gary, served approximately 6.7% of Indiana OTP patients during 2006, or a total of 715 patients, one patient less than in 2005. These two OTPs receive federal Substance Abuse Prevention and Treatment (SAPT) block grant funding, which allows them to subsidize treatment for low-income individuals. Additionally, these clinics are part of community mental health centers, providing ready access to coordinated mental health care if needed.

Table 2: Total Patients Treated by Indiana OTP, 2006			
Opioid Treatment Program (OTP)		# of Patients	% of Total
1.	Center for Behavioral Health Indiana, Inc., Fort Wayne	486	4.56 %
2.	Discovery House, Inc., Gary	233	2.19 %
3.	East Indiana Treatment Center, Inc., Lawrenceburg	3,134	29.39 %
4.	Edgewater Systems For Balanced Living, Inc., Gary **	309	2.90 %
5.	Evansville Treatment Center, Inc., Evansville	849	7.96 %
6.	H & H C of Marion Co., Indiana, Indianapolis**	406	3.81 %
7.	Holliday Health Care, P.C., Gary	2	0.02 %
8.	Indianapolis Treatment Center, Inc., Indianapolis	1,611	15.11 %
9.	Metro Treatment of Gary, LP, Gary	503	4.72 %
10.	Richmond Treatment Center, Inc., Richmond	850	7.97 %
11.	Southern Indiana Treatment Center, Inc., Jeffersonville	2,123	19.91 %
12.	Victory Clinical Services II, L.L.C, South Bend	157	1.47 %
** Partially Publicly funded OTPs			
Totals		10,663	100.00%

Table 3 provides information on 2006 gender distribution of Indiana OTP patients, who continue to be predominantly male (60.9%), a consistent pattern over the nine years of Indiana opioid addiction treatment reporting. Between 1998 and 2006, however, the proportion of male to female OTP patients has slowly changed from a high of 63.2% males in 1998 to the present 60.9%. Over the nine years, Indiana OTPs have seen an increase in proportion of female to male patients of approximately 2.3%.

Table 3: Total Indiana OTP Patients Treated by Gender, 1998-2006				
Calendar Year	Males		Females	
	Total Number	%	Total Number	%
2006	6,491	60.87%	4,172	39.13%
2005	5,974	60.50%	3,900	39.50%
2004	5,675	61.07%	3,618	38.93%
2003	5,313	61.20%	3,369	38.80%
2002	4,986	61.34%	3,143	38.66%
2001	4,202	61.71%	2,607	38.29%
2000	3,383	61.71%	2,099	38.29%
1999	2,861	63.17%	1,668	36.83%
1998	2,308	63.16%	1,346	36.84%

Table 4 provides information on the age distribution of Indiana OTP patients, 1998-2006. As can be seen, during 2006, 39.1% of total patients enrolled were between the ages of 25 and 34, and 54.5% were between the ages of 18 and 34. The table shows a change in age distribution of Indiana OTP patients over the past nine years, with the 35-49 year-old age group declining as a percentage of the totals while the 18-34 year-old age group increased. The 50-59-year-old age group is also seen to have increased in percentage of the totals over the nine years, from 8.5% to 11.9%, while those over age 60 as a group remained a fairly constant percentage, in 2006 at 1.4% of total patients. Admission of individuals under age 18 to treatment is allowed by the federal regulations only if the individual has had two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period and if a parent, legal guardian, or responsible adult designated by the State Methadone Authority consents in writing to the treatment. It can be seen that in 2006, there were three admissions of youth under age 18 and that admissions of individuals in this age group has varied between 1998 and 2006 between one and five individuals.

Table 4: Total Indiana OTP Patients Treated by Age, 1998-2006													
Calendar Year	Under 18		18-24		25-34		35-49		50-59		60 and Over		Total
2006	3	0.03%	1,634	15.32%	4,173	39.14%	3,439	32.25%	1,264	11.85%	150	1.41%	10,663
2005	3	0.03%	1,382	14.00%	3,570	36.16%	3,554	35.99%	1,237	12.53%	128	1.30%	9,874
2004	3	0.03%	1,261	13.57%	3,209	34.53%	3,617	38.92%	1,086	11.69%	117	1.26%	9,293
2003	3	0.03%	1,126	12.97%	2,815	32.42%	3,623	41.73%	1,000	11.52%	115	1.32%	8,682
2002	2	0.02%	953	11.72%	2,475	30.45%	3,652	44.93%	929	11.43%	118	1.45%	8,129
2001	1	0.01%	747	10.97%	1,875	27.54%	3,356	49.29%	750	11.01%	80	1.17%	6,809
2000	5	0.09%	490	8.94%	1,391	25.37%	2,970	54.18%	566	10.32%	60	1.09%	5,482
1999	2	0.04%	360	7.95%	1,007	22.23%	2,670	58.95%	435	9.60%	55	1.21%	4,529
1998	1	0.03%	239	6.54%	754	20.63%	2,303	63.03%	311	8.51%	46	1.26%	3,654

Table 5 shows Indiana OTP patients treated by race/ethnicity, 1998-2006. Consistent with earlier years, in 2006, the large majority of Indiana OTP patients were white. The percentage of white Indiana OTP patients to other racial/ethnic groups increased between 1998 and 2006, from 81.2% to 94.4%, while the percentage of African-American Indiana OTP patients decreased from a high of 17.5% in 1998 to a low of 4.4% in 2006. Small percentages from other ethnic groups have been treated in Indiana OTPs, fairly consistent through the years, and in 2006, just under one percent of Indiana OTP patients were Hispanic/Latino and .14% were American Indian/Alaskan Native. Neither African-Americans nor Hispanic/Latinos are represented in the OTP treatment population in proportion to their representation in the population as a whole.

Table 5: Total Indiana OTP Patients Treated by Race/Ethnicity, 1998-2006													
Calendar Year	White		Black African/American		Hispanic/Latino		American Indian/Alaska Native		Asian/Pacific Islander		Other		Total
2006	10,062	94.36 %	466	4.37%	105	0.98%	20	0.19%	9	0.08%	1	0.01%	10,663
2005	9,202	93.19 %	535	5.42%	113	1.14%	19	0.19%	5	0.05%	0	0.00%	9,874
2004	8,656	93.15 %	518	5.57%	95	1.02%	17	0.18%	4	0.04%	3	0.03%	9,293
2003	8,006	92.21 %	568	6.54%	87	1.00%	14	0.16%	6	0.07%	1	0.01%	8,682
2002	7,346	90.37 %	673	8.28%	95	1.17%	12	0.15%	2	0.02%	1	0.01%	8,129
2001	6,038	88.68 %	664	9.75%	87	1.28%	16	0.23%	3	0.04%	1	0.01%	6,809
2000	4,715	86.01 %	667	12.17%	86	1.57%	10	0.18%	4	0.07%	0	0.00%	5,482
1999	3,788	83.64 %	649	14.33%	80	1.77%	8	0.18%	4	0.09%	0	0.00%	4,529
1998	2,968	81.23 %	638	17.46%	38	1.04%	5	0.14%	5	0.14%	0	0.00%	3,654

Table 6 provides information on total Indiana OTP patients treated by their State of residence, 1998-2006. Between 1998 and 2006, while the number of Indiana OTP enrollments increased by 142%, from 2,298 to 5,584, the percentage of Indiana residents being served in Indiana OTPs compared to residents of other States decreased from 62.9%⁶ of total OTP patients to 52.4%. This table shows a steady increase in patients from Kentucky (+301.5%) and Ohio (+263.8%) over the nine-year period. Smaller numbers of Illinois residents sought OTP treatment in Indiana (66 in 2006, or a little over half of a percent of the total), an increase of 120% between 1998 and 2006. Michigan residents were also represented in small numbers in Indiana OTPs in 2006, (44 in 2006, or less than a half percent).

⁶ See Footnote 4 for an explanation of the change in percentage from the 2005 report to this report.

A total of 16 patients from States other than Kentucky, Ohio, Illinois and Michigan were treated in Indiana OTPs in 2006, a number which has varied between 1998 and 2006 from 13 to 27, or .15% of the total in 2006.

Table 6: Total Indiana OTP Patients Treated by State of Residence, 1998-2006									
Calendar Year	IN	KY	OH	MI	IL	WV	TN	Other	Total
2006	5,584	3,043	1,910	44	66	3	0	13	10,663
2005	5,119	2,705	1,905	51	67	2	4	21	9,874
2004	4,739	2,544	1,889	52	53	4	5	7	9,293
2003	4,713	2,157	1,717	52	29	3	4	6	8,681
2002	4,421	1,940	1,665	54	24	7	2	14	8,127
2001	3,742	1,642	1,321	49	29	11	1	13	6,808
2000	3,126	1,321	946	37	27	10	4	10	5,481
1999	2,751	1,025	674	32	26	12	2	7	4,529
1998	2,298	758	525	27	30	11	1	4	3,654

Table 7 displays the number of 2006 out-of-State enrollments and percentages of total enrollments by Indiana OTP. It can be seen that the large majority of out-of-State patients being treated in Indiana are treated at Indiana OTPs near either the Ohio or the Kentucky State lines, consistent with earlier reports. The table shows that in 2006, 28.5% of Indiana OTP patients were residents of Kentucky; 17.9% were residents of Ohio; .62% were residents of Illinois; .41% were residents of Michigan; and .15% were residents of several other States. East Indiana Treatment Center (EITC) in Lawrenceburg, Evansville Treatment Center (ETC), Richmond Treatment Center (RTC), Southern Indiana Treatment Center (SITC) in Jeffersonville, and Victory Clinical Services in South Bend provided services to the largest percentages of out-of-State patients: 89.9% of 2006 EITC patients were residents of other States, as were 53.8% of ETC patients; 67.9% of SITC patients; 24.9% of RTC patients; and 24.8% of patients of Victory Clinical Services.

Table 7: Total Indiana OTP Patients Treated by State of Residence and OTP, 2006									
OTP	IL	KY	MI	OH	WV	Other	Out-of-State	IN	Number of Patients
Center for Behavioral Health Indiana, Inc.	0	0	2	65	0	4	71	415	486
Discovery House, Inc.	8	0	0	0	0	0	8	225	233
East Indiana Treatment Center, Inc.	0	1,195	0	1,622	0	2	2,819	315	3,134
Edgewater Systems for Balanced Living, Inc., New Life Center	2	0	0	0	0	0	2	307	309
Evansville Treatment Center, Inc.	46	408	0	0	1	2	457	392	849
Health & Hosp. Corp. of Marion Co. IN, , Midtown Narcotic Treatment Program	0	0	0	0	0	0	0	406	406
Holliday Health Care, PC	0	0	0	0	0	0	0	2	2
Indianapolis Treatment Center, Inc.	3	5	0	7	0	1	16	1,595	1,611
Metro Treatment of Gary, LP, Semoran	7	1	5	0	0	1	14	489	503
Richmond Treatment Center, Inc.	0	0	0	212	0	0	212	638	850
Southern Indiana Treatment Center, Inc.	0	1,434	0	4	2	1	1,441	682	2,123
Victory Clinical Services II, LLC	0	0	37	0	0	2	39	118	157
Totals	66	3,043	44	1,910	3	13	5,079	5,584	10,663
% of Total Patients	0.62	28.54	0.41	17.91	0.03	0.12	47.63	52.37	100.00

% of Out of State Patients	1.30	59.91	0.87	37.61	0.06	0.26	100.00	NA	NA

III. Length of Time Patients Received Opiate Agonist Medication and Number of Patients Who Have Discontinued Use of the Medication

This section is designed to answer questions about how long patients are receiving opiate agonist medication in Indiana OTPs and how many patients have discontinued its use following treatment.

During calendar year 2006, as in previous years, seven length-of-time-in-treatment categories were used: Less than 90 days (<90); 90 days to one year (90-1y); one year to two years (1-2y); two to three years (2-3y); three to six years (3-6y); six to ten years (6-10y); and over ten years (>10y).

Table 8 shows that of all 2006 OTP patients enrolled in the 12 Indiana OTPs, at the end of 2006:

- 13.9% had been in treatment 90 days or less;
- 25.6% had been in treatment between three months and one year;
- 17.9% had been in treatment between one and two years;
- 12.4% had been in treatment between two and three years;
- 19.2% had been in treatment between three and six years;
- 7.5% had been in treatment between six and ten years; and
- 3.3% had been in treatment ten years or more.

Table 8: Indiana Number of OTP Enrollments by Seven Length-of-Treatment Categories, by OTP and Statewide Summary, 2006								
OTP	< 90	90-1y	1-2y	2-3y	3-6y	6-10y	> 10y	Total #
Center for Behavioral Health Indiana, Inc.	61	123	72	79	101	48	2	486
Discovery House, Inc.	33	58	48	32	47	15	0	233
East Indiana Treatment Center, Inc. (CRC Health Group)	469	758	546	412	656	228	65	3,134
Edgewater Systems for Balanced Living, Inc.	33	66	72	40	45	23	30	309
Evansville Treatment Center, Inc. (Group)	111	233	193	104	120	56	32	849
Health and Hosp. Corp. of Marion County, Indiana	37	108	69	28	77	41	46	406
Holliday Health Care, PC	0	0	0	1	0	0	1	2
Indianapolis Treatment Center, Inc. (CRC Health Group)	231	461	271	181	275	125	67	1,611
Metro Treatment of Gary, LP	94	132	97	64	96	17	3	503
Richmond Treatment Center, Inc. (CRC Health Group)	124	228	161	76	178	75	8	849
Southern Indiana Treatment Center, Inc. (CRC Health Group)	284	535	357	283	420	160	84	2,123
Victory Clinical Services II, LLC	14	28	28	26	28	15	18	157
Total Number Patients:	1,491	2,730	1,914	1,326	2,043	803	356	10,663
Total # Patients in %	14 %	25.6%	17.9%	12.4%	19.2%	7.5%	3.3%	100%

At the end of 2006, 57.5% of 2006 Indiana OTP patients treated during 2006 had been in treatment less than two years, and 39.6% had been in treatment less than one year. Forty-two-point five percent had been in treatment over two years, and 10.9% had been in been in treatment more than six years. Best practices in addiction treatment indicate that an important variable in predicting treatment success is length of time in treatment and that a minimum of two years in treatment, during which time patients can be stabilized on a clinically appropriate dose of medication

and receive counseling and other supportive services as they establish and work on a program of recovery, is beneficial⁷.

Table 9 provides information on percentages of 2006 Indiana OTP enrollments at each Indiana OTP by the same seven length-of-treatment categories. Percentages of 2006 patients in treatment under one year to total patients treated at the OTP ranged from 26.8% at Victory Clinical Services II in South Bend to 44.9% at Metro Treatment of Gary. Of 2006 Indiana OTP patients, the largest percentage receiving treatment for six years or more⁸ was at Midtown Narcotic Treatment Program (NTP) in Indianapolis (21.4%), and 40.4% of patients of Midtown's 2006 OTP patients had been in treatment three years or longer. The OTP serving the largest percentage of 2006 patients more than three years was Victory Clinical Services II, at 40.8% of patients.

Table 9: Indiana Patient Length-of-Treatment in Seven Categories in Percentages by OTP and Statewide Summary, 2006							
OTP	< 90	90-1y	1-2y	2-3y	3-6y	6-10y	> 10y
Center for Behavioral Health Indiana, Inc.	12.55%	25.31%	14.81%	16.26%	20.78%	9.88%	0.41%
Discovery House, Inc.	14.16%	24.89%	20.60%	13.73%	20.17%	6.44%	0.00%
East Indiana Treatment Center, Inc.	14.96%	24.19%	17.42%	13.15%	20.93%	7.28%	2.07%
Edgewater Systems for Balanced Living, Inc.	10.68%	21.36%	23.30%	12.94%	14.56%	7.44%	9.71%
Evansville Treatment Center, Inc.	13.07%	27.44%	22.73%	12.25%	14.13%	6.60%	3.77%
Health and Hosp. Corp. of Marion County, Indiana	9.11%	26.60%	17.00%	6.90%	18.97%	10.10%	11.33%
Holliday Health Care, PC	0.00%	0.00%	0.00%	50.00%	0.00%	0.00%	50.00%
Indianapolis Treatment Center, Inc.	14.34%	28.62%	16.82%	11.24%	17.07%	7.76%	4.16%
Metro Treatment of Gary, LP	18.69%	26.24%	19.29%	12.72%	19.09%	3.38%	0.60%
Richmond Treatment Center, Inc.	14.59%	26.82%	18.94%	8.94%	20.94%	8.82%	0.94%
Southern Indiana Treatment Center, Inc.	13.38%	25.20%	16.82%	13.33%	19.78%	7.54%	3.96%
Victory Clinical Services II, LLC	8.92%	17.83%	17.83%	16.56%	17.83%	9.55%	11.46%
TOTAL:	14.00%	25.60%	18.00%	12.40%	19.20%	7.50%	3.30%

Table 10 provides information on the number and percentages of 2006 OTP patients who remained in continuous treatment throughout 2006, regardless of whether they began treatment prior to 2006 or during 2006, and on 2006 patients who left treatment using six 'Discontinuation Categories', both for the system as a whole and for each OTP operating in Indiana that year.

All patients enrolled in 2006 whose treatment activity is reported in this report are included in one of these two larger categories, patients who continued in treatment and patients who discontinued treatment. Of the total patients treated in Indiana OTPs during 2006:

- 43.8% (4,666 patients) remained in continuous treatment throughout 2006 (regardless of whether they began prior to 2006 or in 2006);
- 2.9% (308 patients) successfully completed treatment and left the program on no opiate agonist medication;
- 6.8% (726 patients) did not complete treatment and were administratively detoxified before discharge;
- 1.7% (181 patients) did not complete treatment and went through a voluntary detoxification program before discharge;
- 38.3% (4,083 patients) did not complete treatment and dropped out before they were detoxified;
- 5.8% (619 patients) transferred to other opioid addiction treatment programs, either within Indiana or in other States; and
- .8% (80 patients) were reported to have died during the year of non-methadone-related causes; at the present time, since coroners are not required to report cause of death to DMHA or to the OTPs, this information is not considered reliable.

⁷ Dennis M. Scott CK. Managing addiction as a chronic condition. *Addict Sci Clin Pract.* 2007; 4 (1):45-55

⁸ Although 50% of 2006 patients at Holliday Health Care in Gary had been treated six year or longer (actually more than ten years), since this represents only one patient, Holliday's data is being considered unrepresentative.

Table 10: Indiana OTP Patient Numbers/Percentages of Patient Continuities in Treatment and Discontinuations by Six Discontinuation Categories, System as a Whole and by OTP

OTP	Continued Treatment		1		2		3		4		5		6	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Center for Behavioral Health Indiana, Inc.	185	38.07	29	5.97	6	1.23	5	1.03	199	40.95	61	12.55	1	0.21
Discovery House, Inc.	139	59.66	3	1.29	13	5.58	6	2.58	50	21.46	20	8.58	2	0.86
East Indiana Treatment Center, Inc.	1,225	39.09	65	2.07	248	7.91	42	1.34	1,369	43.68	166	5.30	19	0.61
Edgewater Systems for Balanced Living, Inc.	117	37.86	8	2.59	56	18.12	21	6.80	67	21.68	33	10.68	7	2.27
Evansville Treatment Center, Inc.	336	39.58	37	4.36	41	4.83	11	1.30	392	46.17	27	3.18	5	0.59
Health and Hosp. Corp. of Marion County, Indiana	205	50.49	19	4.68	37	9.11	2	0.49	112	27.59	24	5.91	7	1.72
Indianapolis Treatment Center, Inc.	707	43.89	38	2.36	134	8.32	24	1.49	590	36.62	107	6.64	11	0.68
Metro Treatment of Gary, LP	207	41.15	28	5.57	9	1.79	9	1.79	200	39.76	44	8.75	6	1.19
Richmond Treatment Center, Inc.	352	41.41	33	3.88	75	8.82	29	3.41	316	37.18	39	4.59	6	0.71
Southern Indiana Treatment Center, Inc.	1,115	52.52	43	2.03	82	3.86	28	1.32	753	35.47	90	4.24	12	0.57
Victory Clinical Services II, LLC	77	49.04	5	3.18	25	15.92	4	2.55	35	22.29	7	4.46	4	2.55
Total number Patients per Category	4,666		308		726		181		4,083		619		80	
Statewide Percentage of Patients per Category		43.76		2.89		6.81		1.70		38.29		5.81		0.75

Patients Remaining in Treatment at the End of Calendar Year 2006

As seen in Table 10, 43.76% of Indiana OTP patients (4,666 patients) remained in treatment from the time of their enrollment through the end of Calendar Year 2006 (whether treatment began prior to 2006 or during 2006). Holliday Health Care, which served only two patients in 2006, is not included in the data calculations. The Indiana OTP with the greatest percentage of 2006 patients who remained in continuous treatment during 2006 was Discovery House, Gary, with 139, or 59.7% of its patients in this category. The Indiana OTP with the lowest percentage in this category was New Life Center in Gary, with 117, or 37.9% of its patients remaining in continuous treatment from enrollment through the end of 2006.

Patients Discontinuing Treatment in Six Categories

Following is a brief discussion of information provided in Table 10 on patients who discontinued Indiana OTP treatment during 2006 using the six discontinuation categories:

#1. Patients Successfully Completing Treatment and Discontinuing Medication

In 2006, an average of 2.9% of Indiana OTP patients successfully completed treatment and discontinued use of opiate agonist medication. The Indiana OTP with the highest percentage of patients successfully completing treatment was the Center for Behavioral Health in Fort Wayne (six percent of 2006 patients), closely followed by Metro Treatment of Gary, with 5.6%. Discovery House in Gary had the lowest percentages of patients who successfully completed treatment and discontinued opiate agonist medication at 1.3%.

#2. Patients Who Did Not Complete Treatment and Who Were Involuntarily (Administratively) Detoxified

Some patients do not complete treatment and are administratively detoxified. Patients in this category are assisted in detoxifying from the opiate agonist medication through an accelerated administrative detoxification protocol. An average of 6.8% of 2006 Indiana OTP patients across the State were in this category, with a range of OTP percentages from a low of 1.2% at Center for Behavioral Health in Fort Wayne to a high of 18.1% at New Life Center in Gary.

#3. Patients Who Did Not Complete Treatment and Who Voluntarily Detoxified

Some patients request to undergo an accelerated detoxification protocol. These patients often receive referrals to other levels of treatment. An average of 1.7% of 2006 Indiana OTP patients were in this category, with a range between 6.8% of patients at Gary's New Life Center to 1.03% at Center for Behavioral Health in Fort Wayne.

#4. Patients Who Did Not Complete Treatment and Who Dropped Out

For various reasons, a percentage of patients drop out of opioid addiction treatment. These patients have undergone no detoxification process. An average of 38.3% of 2006 Indiana OTP patients were in this category, with a range between 43.7% drop-outs at East Indiana Treatment Center in Lawrenceburg 21.5% drop-outs at Gary's Discovery House.

#5. Patients Who Transferred to Another OTP

As a result of a move or other factor, each year, a small percentage of OTP patients transfer to other OTP programs, either within or outside of Indiana each year. An average of 5.8% of 2006 Indiana OTP patients transferred to another OTP during 2006.

#6. Patients Who Died

In 2006, .8% of enrolled patients (80 of 10,666 enrolled individuals) died, but no Indiana OTP patient was reported to have died of a methadone-related cause while in patient status⁹. It should be noted that 1.4% of Indiana 2006 OTP patients were over age 60 and that additionally, OTP patients enter treatment with a variety of compromising health conditions. In 2006, Indiana OTP deaths ranged among Indiana OTPs from one patient at the Center for Behavioral Health, Fort Wayne, to 19 patients at the East Indiana Treatment Center, Lawrenceburg, which served over 29% of the total patients treated that year.

IV. Cost of Opioid Addiction Treatment in Indiana

All Indiana opioid addiction treatment patients are charged for their treatment. OTP patient fees include not only medication, but counseling, drug testing and other support services, including referrals to ancillary services as well¹⁰. In CY 2006, the program fee for liquid methadone remained at \$35 to \$45 per week, respectively, at the two not-for-profit programs, New Life Center in Gary and Midtown Narcotic Treatment Program in Indianapolis. The weekly program fee at all but one privately operated OTP¹¹ ranged between \$65 and \$84 per week for liquid methadone. The fee for diskette methadone, which is used by some OTPs for the few patients who have problems metabolizing liquid methadone, ranges between \$78 and \$91 per week. The fee for buprenorphine, also not available at all Indiana OTPs, is reported at \$129.50 per week. Based on an average of the fees identified above, the following are 2006 estimated out-of-pocket-expenses-per-patient-per year for a full 12 months of treatment: a) for liquid methadone at a not-for-profit OTP: \$2,080; b) for liquid methadone at a privately owned OTP: \$3,874; c) for diskette medication: \$4,394; and d) for buprenorphine: \$6,734.

Table 11: Based on 2006 reported gross patient payments reported by Indiana OTPs and total reported number of medication doses¹², shown in Table 11 below, the average cost per patient for a year's Indiana OTP treatment in 2006 was \$2,503¹³. The average annual cost for patients treated in the two partially federally funded OTPs, Midtown Narcotic Treatment Program and Edgewater Systems for Balanced Living New Life Center, was \$1,134. The annual cost figure for the partially publicly funded OTPs does not include federal block grant funds provided by DMHA to subsidize treatment for low-income individuals, \$261,000 to Midtown and \$558,000 to New Life Center in SFY 2006. Based on patient payments, the average annual cost for patients at CRC Health Group's five Indiana OTPs was \$2,673, and the average cost for patients served by all privately operated Indiana OTPs was \$2,601.

⁹ Indiana OTPs report patient deaths to DMHA, and most are not subject to coroners' reports. For deaths that are investigated by coroners' offices, reports are not required to be providing to either the OTP or to DMHA.

¹⁰ Incidental fees are charged by some OTPs and may include fees for intake assessment, annual physical examination, urine drug testing above the eight required by federal regulations and/or for confirmation tests, pregnancy tests, locks and lock bags for take-home medication storage, blood serum tests, and guest dose fees.

¹¹ Fees at Holliday Health Care, which served only two patients in CY 2006, were slightly above this range.

¹² A dose represents all interactions at the OTP and could represent as short a period as receiving one dose of medication to much longer periods, including individual and/or group counseling sessions, other support services, (e.g., drug screening), and educational workshops.

¹³ Average Patient Cost at Holliday Health Care, which served only two patients, was not included.

Table 11: Patient Cost of Treatment Based on Gross OTP Patients and Number of Medication Doses, 2006						
OTP	Number of Patients	Number of Doses	Gross OTP Income	Average Doses/ Patient	Average Dose Cost	Average Patient Cost / Payment
Center for Behavioral Health Indiana, Inc.	486	111,174	\$ 1,234,029.00	228.8	\$ 11.10	\$ 2,539.15
Discovery House, Inc.	233	48,245	\$ 444,782.00	207.1	\$ 9.22	\$ 1,908.94
East Indiana Treatment Center, Inc.	3,164	669,492	\$ 8,292,083.00	211.6	\$ 12.39	\$ 2,620.76
Edgewater Systems for Balanced Living, Inc. *** (Figures based on Calendar Year 2007 data.)	309	56,064	\$ 149,959.00	181.4	\$ 2.67	\$ 485.30
Evansville Treatment Center, Inc.	862	172,135	\$ 2,350,159.00	199.7	\$ 13.65	\$ 2,726.40
Health & Hosp. Corp. of Marion County, Indiana ***	406	97,143	\$ 660,612.00	239.3	\$ 6.80	\$ 1,627.12
Indianapolis Treatment Center, Inc.	1,614	369,393	\$ 4,046,678.00	228.9	\$ 10.95	\$ 2,507.24
Metro Treatment of Gary, LP	503	98,680	\$ 927,701.00	196.2	\$ 9.40	\$ 1,844.34
Richmond Treatment Center, Inc.	845	201,370	\$ 2,319,277.00	238.3	\$ 11.52	\$ 2,744.71
Southern Indiana Treatment Center, Inc.	2,125	509,906	\$ 6,002,618.00	240	\$ 11.77	\$ 2,824.76
Victory Clinical Services II, LLC	157	37,931	\$ 363,995.00	241.6	\$ 9.60	\$ 2,318.44
State-wide Totals	10,706	2,371,533	\$ 26,791,893.00	221.5	\$ 11.30	\$2,502.51
State-wide Totals (Excluding Holliday)	10,704	2,371,533	\$ 26,791,893.00	221.5	\$ 11.30	\$2,502.51
Holliday Health Care, PC	2					
Public Clinic Totals ***	715	153,207	\$ 810,571.00	214.3	\$5.29	\$1,133.67
All Private Clinic Totals (Excluding Holliday)	9,989	2,218,326	\$ 25,981,322.00	222.1	\$11.71	\$2,600.99
All CRC Clinics	8,610	1,922,296	\$ 23,010,815.00	223.3	\$11.97	\$2,672.57

V. Rehabilitation Rate of Patients Receiving Opiate Agonist Treatment

Table 12 displays the nine rehabilitation indicators which have been used throughout the nine years of reports to the Governor and the Legislative Council. The indicators address reduction in six behaviors which may have been problematic for patients before entering treatment and improvement in three life areas which if achieved, will enhance the patient's life.

Not all of the indicators apply to every patient. Table 12 displays the percentages and numbers of patients to which each of the nine indicators applied, 1998-2006, as of December 31 of each year. The determination of which indicators apply to patients is done upon enrollment and during treatment plan reviews at varying intervals by OTPs, no less frequently than annually. A patient's initial and updated treatment plan is based on these determinations, made jointly by the patient and clinical staff. OTP patients are expected to have multiple issues to address and are encouraged to work on the issue at a pace with which they can be successful. As patients are stabilized, they are encouraged to address other lifestyle issues. All Indiana OTP patients pay for their own treatment. As a result, employment is a treatment plan issue for many, and if a patient is not employed, then education or vocational training is a high priority.

All enrolling patients will address Rehabilitation Indicators 1 and/or 2, and enrolling patients may address all nine or any combination of the other nine indicators. After eight years in which the percentage of patients needing to reduce use of illicitly obtained prescription opiates declined from 82.6% to 60.7%, in 2006, 71.1% of all Indiana OTP patients were identified as needing to reduce their use of illicit prescription opiates. The percentage of patients needing to reduce use of heroin has also declined between 1998 and 2006, from 95.1% to 92.7%. The rehabilitation indicator(s) addressed by all patients are updated continually, no less frequently than at treatment plan reviews, and for all indicators, the percentage of patients addressing the indicator represents not only enrolling patients but all patients.

The Rehabilitation Indicator which applied to the largest percentage of patients at the end of 2006 was a need to improve family relationships (94.3%, or 9,936 patients), closely followed by the need to reduce use of heroin (92.7%, or 9,773 patients), and the Rehabilitation Indicator which applied to the smallest percentage of patients at the end of 2006 was the need to reduce alcohol abuse (41.2%, or 4,344 patients). It can be observed that over the nine years of reporting, 1998-2006, the percentages to whom all nine indicators applied varied no more than plus or minus 11.5 percentage points and an average of plus or minus less than five percentage points .

Table 12: Indiana OTP Patient Rehabilitation Indicators, % Patients to Which Indicators Apply, 1998-2006

	1. Reduce d Use of Illicitly Obtain ed Prescrip tion Opiates	2. Reduce d Use of Non-Prescrip tion Opiates (Heroin)	3. Redu ced Illicit Use of Drugs Other Than Opiat es	4. Redu ced Crim inal Beha vior	5. Reduc ed Risky Behav ior Relate d to Sprea d of Inf ectious Disease	6. Reduc ed Abuse of Alcoh ol	7. Improve d Educatio n or Vocation al Training	8. Improve d Employ ment	9. Improve d Family Relation ships
Nu mbe r 200 6	7,490	9,773	9,623	7,671	7,097	4,344	7,386	9,261	9,936
1998	71.1 %	92.7 %	91.3 %	72.8 %	67.3 %	41.2 %	70.1 %	87.9 %	94.3 %
2000	60.7 %	92.4 %	91.3 %	76.8 %	70.7 %	38.6 %	68.4 %	85.1 %	96.6 %
2002	63.2 %	91.9 %	92.2 %	76.4 %	66.4 %	41.4 %	73.3 %	89.7 %	97.0 %
2004	63.5 %	92.5 %	89.3 %	70.0 %	63.7 %	39.2 %	72.2 %	89.3 %	96.0 %

Table 13 displays data by percentage and number of 2006 patients to which the indicator applied using the following levels of positive change: No Change; Little Change; Moderate Change; and Significant Change. The table indicates that Significant Positive Change was registered in 2006 patients during their treatment episode for from a low of 7.8% (576 patients) on improvement in education or training to a high of 43.4% (4,245 patients) on reduction in use of heroin. Significant Change was seen in more than 20% of 2006 patients (20.3% to 28.6%) in eight of the nine Rehabilitation Indicators, with only improved education or vocational training falling below this percentage. Combining the categories Moderate and Significant Change, the table shows that during their treatment episode:

- 62.4% of 2006 patients showed moderate to significant reduction in use of prescription opiates;
- 63.7% showed moderate to significant reduction is use of heroin;
- 55.1% showed moderate to significant reduction in illegal use of drugs other than opiates;
- 55.6% showed moderate to significant reduction in criminal behavior;
- 58.3% showed moderate to significant reduction in risky behavior related to spread of infectious disease;
- 47.9% showed moderate to significant reduction in alcohol abuse;
- 17.7% showed moderate to significant improvement in education or vocational training;
- 38.1% showed moderate to significant improvement in employment status; and
- 48.6% showed moderate to significant improvement in family relationships.

Looking at the Moderate, Little and No Change categories separately:

- Moderate Change in 2006 patients was seen with a low of 9.9% (729 patients) on improvement in education raining and a high of 28.6% (2,842 patients) on improved family relationships. Moderate Change was seen in over 20% of 2006 patients in eight of the nine indicators, with only improved education or training below this number;
- Little Change in 2006 patients was seen with a low of 15.1% (1,476 patients) on reduced illicit use of heroin

¹⁴ Patients may be identified as needing to address all nine indicators of any number of them, at a minimum numbers 1 and/or 2.

and a high of 26.1 % (2,591 patients) on improved family relationships. Little change was seen in under 20% of 2006 patients in seven of the nine indicators, with reduction in alcohol abuse and improvement in Family relationships above this number; and

- No Change was seen in 2006 patients with a high of 67.2% (4,964 patients) on improved education or training and to a low of 21.2 % (2,068 patients) on reduced use of heroin. No change was seen in between 21.2% and 26.5% on six of the nine indicators, with improved employment showing no change in 42% of 2006 patients, reduced use of alcohol showing no change in 30.6% of 2006 patients, and 67.2% of 2006 patients showing no change in improvement in education or training.

Table 13: Indiana OTP Patient Reduction or Improvement on the Nine Rehabilitation Indicators in Numbers and Percentages, 2006

Rehabilitation Level of Reduction or Improvement									
Rehabilitation Indicator	Number of Patients Per Indicator	1. No Change		2. Little Change		3. Moderate Change		4. Significant Change	
		#	%	#	%	#	%	#	%
1. Reduced use of prescription opiates	7,490	1,643	21.9	1,171	15.6	1,620	21.6	3,056	40.8
2. Reduced illegal use of non-prescription opiates	9,773	2,068	21.2	1,476	15.1	1,984	20.3	4,245	43.4
3. Reduced illegal use of drugs other than opiates	9,623	2,546	26.5	1,780	18.5	2,066	21.5	3,231	33.6
4. Reduced criminal behavior	7,671	1,987	25.9	1,422	18.5	1,641	21.4	2,621	34.2
5. Reduced risky behavior related to spread of infectious disease	7,097	1,708	24.1	1,247	17.6	1,648	23.2	2,494	35.1
6. Reduced alcohol abuse	4,344	1,329	30.6	931	21.4	923	21.2	1,161	26.7
7. Improved education or vocational training	7,386	4,964	67.2	1,117	15.1	729	9.9	576	7.8
8. Improved employment	9,261	3,891	42.0	1,823	19.7	1,916	20.7	1,631	17.6
9. Improved family relationships	9,936	2,517	25.3	2,591	26.1	2,842	28.6	1,986	20.0

VI. Number of Patients Addicted to Methadone

Methadone is a prescribed oral opiate agonist medication used in the treatment of heroin and other opiate addiction since the 1960s. At the clinically optimal dose, methadone occupies the brain receptor sites which were being filled by the illicit opiate, eliminating abrupt side effects which would create a need to return to illicit drug use while not causing euphoria, sedation or mental impairment. Numerous studies have documented its effectiveness in decreasing relapse to illicit drugs and in curtailing the medical, psychiatric and legal consequences of illicit use.

Patients in opioid treatment programs are not considered to be addicted to their medication when the medication is at the therapeutically appropriate dose, which supports optimal functioning as patients modify unproductive lifestyles to productive lifestyles. Patients entering opioid addiction treatment, because they have been addicted to opiate drugs a minimum of 12 months, have built tolerance to opiate drugs. The amount of methadone which will be dispensed as a medication to a particular patient will be affected by the tolerance of that patient to opiate drugs in general, and when patients' doses are lowered or when they are withdrawn from the medication, this is best accomplished under medical supervision. Finally, although many patients are able to become medication-free following comprehensive treatment in an OTP, others remain on medication for extended periods, sometimes for a lifetime, to support continued rehabilitation and recovery.

VII. Number of Individuals on Waiting Lists to Receive Opiate Agonist Medication and Treatment

At the end of 2006 and throughout the nine years reporting has been done, none of the 12 Indiana opioid treatment programs reported to DMHA that they utilized a waiting list. It is understood that during 2006, Indiana OTPs were able to adjust staff and facility needs if increased patient demand occurred. Between 2005 and 2006, a 7.99% increase in total patient enrollments was seen, and this increase was accommodated. Additionally, during 2006, a statutory change opened up a process to allow new OTPs which had community support and which could establish need in the county in which they sought to locate.

Between 1999 and 2006, the Indiana State Legislature placed a moratorium on establishing new OTPs in counties in which there was an OTP/OTPs or adjacent to counties in which there was an OTP/OTPs. Prior to 1999, when a large enough number of patients were identified to support a new OTP, a new OTP was established.

VIII. Patient Information as Reported to a Central Registry

In 1999, the Indiana General Assembly passed a law requiring DMHA to prepare annual reports providing information on treatment by Indiana OTPs. At the same time, DMHA was asked to establish a central registry in which to collect OTP patient information while protecting the anonymity of patients and their health information and developing an improved ability to prevent patients from enrolling and being treated simultaneously in more than one OTP (dual enrollment).

For the 1998 report, DMHA established a unique identifier format from an existing database found suitable for establishing the basis of a central registry, accomplishing three objectives: 1) preserving patient anonymity; 2) providing a format compatible with currently existing data collection by the two public OTPs and other DMHA-funded providers; and 3) allowing DMHA Central Office staff to readily identify if a patient is enrolled in more than one OTP. For the 1998 report, each OTP reported information in paper format. For the 1999 report, DMHA began to automate the reporting process, establishing the basis for the central registry, and at that time, eight of the 12 OTPs had data processing programs enabling electronic data submission by diskette to DMHA. Data submitted by diskette was transferred to a DMHA ACCESS database, and OTPs maintained copies of the submitted data. By 2003, nine OTPs were reporting in this way, and as the remaining OTPs updated their electronic reporting capacity, this electronic reporting process was extended to them. Through 2006, all 12 Indiana OTPs submitted their data by diskette to DMHA at the end of each calendar year.

In 2006, DMHA completed its development of an electronic central registry called the Indiana Central Opioid Patient Electronic Registry, or ICOPE. Although OTPs submitted their 2006 data by diskette, in late 2007, ICOPE phased-in implementation resulted in the availability of 2006 data through the web-based ICOPE, and it is ICOPE data on which this report is based.